

DEPARTMENT OF HEALTH AND HOSPITALS

5/2/2016  
Case ID

[Head of Household]  
[Street Address]  
[City], [State] [Zipcode]

**An Easy Way to Get Medicaid  
(also called Healthy Louisiana)**

**Don't miss this chance to get health insurance!**

Most adults who are 19 to 64 years old who get SNAP can now get Medicaid – and there is an easy way to sign up.

You get SNAP, so you can use this easy way to sign up for Medicaid. Just answer a few questions. You can:

- **Call us** Monday through Friday between 8 a.m. and 5 p.m. and answer the questions over the phone **(1-888-342-6207); OR**
- Answer the questions below. Sign this form and return it to us by

- 1) **Faxing** to 1-877-523-2987; **OR**
- 2) **Scanning** it and email it to us at [MyMedicaid@la.gov](mailto:MyMedicaid@la.gov); **OR**
- 3) **Mailing it to** us at:
 

Louisiana Medicaid Program  
P.O. Box 91278  
Baton Rouge, LA 70821

We will call you if we need more information.

**Yes, I want Medicaid!**

**SNAP records say that [Client Names] gets SNAP.**

1. Is anyone above listed as a dependent on an income tax return filed by someone who does not live with you?  Yes  No
2. Does anyone above file a tax return that claims someone as a dependent and that person does not live with you?  Yes  No
3. Does anyone above earn money from Delta Services Corps or AmeriCorps?  Yes  No
4. Is anyone above under 18 years old and makes more than \$525 a month?  Yes  No

I know that by signing and returning this letter I am asking for everyone in my SNAP case to be enrolled in Medicaid if they are eligible. I have read the enclosed important information.

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Phone # Where I Can Be Reached \_\_\_\_\_

## IMPORTANT INFORMATION

- Persons eligible for Medicaid will be enrolled in a Healthy Louisiana Plan. They will get a letter telling them how to change to another plan if they want to.
- Anyone who gets Medicaid and knowingly gave false information that was used to decide if they were eligible may be charged with a crime. He or she may lose Medicaid benefits, have to pay benefits back, pay fines, or even go to jail.
- Medicaid isn't allowed to treat you differently because of race, color, national origin, sex, age, sexual orientation, gender identity or disability. If you think Medicaid has treated you differently, you can file a complaint by visiting [www.hhs.gov/ocr/office/file](http://www.hhs.gov/ocr/office/file), calling the U.S. DHHS Regional Office for Civil Rights at 1-800-368-1019, or writing to Louisiana Department of Health & Hospitals (DHH) at PO Box 4818, Baton Rouge, Louisiana 70821.
- By enrolling in Medicaid you give DHH the right to use money you are owed from a health insurance company, a lawsuit, or any person or organization to pay for medical services, if that money is meant to pay for medical services covered by Medicaid. You will be expected to help DHH get in contact with anyone who should be paying for your medical care.
- Anyone who gets Medicaid will be asked to help the Department of Children and Family Services (DCFS) to get money or insurance from any parents not in the home to help pay for a child's medical care. If you think helping DCFS will harm you or your children, you can tell DHH and you may not have to help DCFS.
- If you are an American Indian and can show you are a member of a federally-recognized tribe, you do not have to pay any co-pays. Call us at: 1-888-342-6207 (Monday through Friday 8 a.m. – 5 p.m.) to learn more.
- If you get Medicaid you must let DHH know about any changes in my address, phone number, amount of income or the people living in my home. I will do this within 10 days of finding out about the change.

### **What You Need to do if You Have Health Insurance Through the Marketplace and Get Help Paying Your Insurance Premiums:**

- **When you get Medicaid** you must **stop** your Marketplace plan.
- If you do not **stop** your Marketplace plan you may have to pay a penalty when you file your tax return next year.
- Call 1-800-318-2596 or (TTY: 1-855-889-4325) right away. Tell them you have Medicaid and you want to **stop** your Marketplace health insurance.

**Department of Health and Hospitals**  
**Voter Registration Declaration (Optional)**

**If you fill it out, your answers will not affect the benefits you get from the  
*Louisiana Department of Health and Hospitals.***

If you are not registered to vote where you live now, would you like to apply to register to vote here  Yes  No today?

- If you checked "Yes," please complete the attached form called the "Louisiana Mail Voter Registration Application." You may mail your completed Voter Registration Application to your local Registrar of Voters listed on the application or mail it to the Department of Health and Hospitals.

- **IF YOU DO NOT CHECK EITHER BOX YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. **You may call us toll-free at 1-888-342-6207.** The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you choose to register to vote at this time, the information about the location where you completed the application to register will remain confidential and will only be used for voter registration purposes. If you choose not to register to vote, that information will also be kept confidential.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Louisiana Secretary of State  
Commissioner of Elections  
P.O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone: (toll-free) 1-800-883-2805

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sign Your Name

\_\_\_\_\_  
Today's Date



**USE THIS FORM TO:** 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

**TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST:** 1) be a United States citizen 2) be 17 years old (16 years old if registering to vote in person at the Registrar of Voters' Office or the Office of Motor Vehicles) but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

**INSTRUCTIONS FOR COMPLETING THIS FORM:** All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

**Box 1:** Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before the election day in which you are eligible to vote.

**Box 2:** Provide full name. Do not use initials for middle or maiden name.

**Box 3:** 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

**Boxes 5 & 13:** You must provide your LA driver's license number or LA special identification card number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a LA driver's license number or LA special identification card number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

**Boxes 7, 11 & 12:** The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

**Box 8:** If you do not complete this item, your party affiliation will be listed as 'no party', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

**Box 17:** If you are using this form to request a change of name, you must print the name to be changed here.

**Box 18:** Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

**NOTE:** 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

**QUESTIONS?** Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

**COMPLETE AND CHECK ALL APPLICABLE BOXES AND CUT HERE BEFORE MAILING.**

| LOUISIANA VOTER REGISTRATION APPLICATION  |  | OFFICIAL USE ONLY  |  |   |   |
|---|--|--|--|---|---|
| LR-1 & 1M, FORM #100  |  | Wd _____   | Pct _____  | Reg Type _____  | In/Out _____                            |
|   |  | REG # _____  |  |   |   |
| <b>1 Are you a citizen of the United States of America?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Will you be 18 years of age on or before election day?</b> YES <input type="checkbox"/> NO <input type="checkbox"/><br>If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.   |  |  |  |   |   |
| <b>2 NAME OF APPLICANT (PLEASE PRINT NAME)</b><br>LAST _____ FIRST _____ FULL MIDDLE OR MAIDEN _____  |  |  |  | <b>GIVE LOCATION</b><br>  |   |
| <b>3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)</b><br>HOUSE OR APT. NO. & STREET (IF RURAL, ROUTE & BOX NO.) _____ CITY OR TOWN _____ STATE _____ ZIP _____   |  |  |  |   |   |
| If NO mail delivery to residential address, check here: ( ) _____ MAILING ADDRESS, IF DIFFERENT _____   |  |  |  |   |   |
| <b>4 DATE OF BIRTH</b><br>MONTH _____ DAY _____ YEAR _____  |  | <b>5 * SOCIAL SECURITY #</b> (CIRCLE ONE)<br>NO _____ YES # _____          |  | <b>6 SEX</b> (CIRCLE ONE)<br>MALE _____ FEMALE _____                        |   |
| <b>7 ** RACE / ETHNIC ORIGIN</b> (CIRCLE ONE)<br>WHITE _____ BLACK _____ ASIAN _____ HISPANIC _____ AMER. INDIAN _____ OTHER: _____   |  |  |  |   |   |
| <b>8 PARTY AFFILIATION</b> (CIRCLE ONE)<br>DEM _____ GRN _____ LBT _____ RFM _____ REP _____ NO PARTY _____ OTHER (SPECIFY) _____   |  |  | <b>9 APPLICANT'S PLACE OF BIRTH</b><br>CITY OR TOWN _____ PARISH OR COUNTY _____ STATE _____ COUNTRY _____ |   | <b>10 MOTHER'S MAIDEN NAME</b><br>_____ |
| <b>11 **EMAIL</b><br>_____  |  | <b>12 ** PHONE</b><br>HOME ( ) _____ DAY ( ) _____                         |  | <b>13 LA DRIVER'S LICENSE / I.D. #</b> (CIRCLE ONE)<br>NO _____ YES # _____ |   |
| <b>14 Will you require assistance at the polls?</b> (CIRCLE ONE)<br>NO _____ YES _____ IF YES, GIVE REASON: _____   |  |  |  |   |   |
| <b>15 LAST RESIDENCE ADDRESS</b><br>ADDRESS _____   |  | <b>16 PLACE OF LAST REGISTRATION</b><br>PARISH OR COUNTY _____ STATE _____ |  | <b>17 FORMER REGISTERED NAME, IF APPLICABLE</b><br>_____                    |   |
| <b>AFFIRMATION:</b> I do hereby solemnly swear or affirm that I am a United States citizen, that I am of eligible age to register to vote, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury. |  |  |  |   |   |
| <b>18 SIGN YOUR NAME IN BOX AT RIGHT.</b><br>DATE: _____ / _____ / _____  |  |  |  |   |   |
| <b>19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE.</b><br>WITNESS SIGNATURE: _____ WITNESS SIGNATURE: _____  |  |  |  |   |   |
| * Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only; full # OPTIONAL. ** OPTIONAL<br>LR-1 & 1M (REV. 2/16) R.S. 18:104; FORM #100   |  |  |  |   |   |

**ACADIA**  
568 NW Court Circle  
Crowley, LA 70526-4363  
(337) 788-8841

**ALLEN**  
P. O. Box 150  
Oberlin, LA 70655-0150  
(337) 639-4966

**ASCENSION**  
828 S. Irma Blvd., Rm. 205  
Gonzales, LA 70737-3631  
(225) 621-5780

**ASSUMPTION**  
P. O. Box 578  
Napoleonville, LA 70390-0578  
(985) 369-7347

**AVOUELLES**  
312 N. Main St., Ste. E  
Marksville, LA 71351-2409  
(318) 253-7129

**BEAUREGARD**  
P. O. Box 952  
DeRidder, LA 70634-0952  
(337) 463-7955

**BIENVILLE**  
P. O. Box 697  
Arcadia, LA 71001-0697  
(318) 263-7407

**BOSSIER**  
P. O. Box 635  
Benton, LA 71006-0635  
(318) 965-2301

**CADDO**  
P. O. Box 1253  
Shreveport, LA 71163-1253  
(318) 226-6891

**CALCASIEU**  
1000 Ryan St., Rm. 7  
Lake Charles, LA 70601-5250  
(337) 721-4000

**CALDWELL**  
P. O. Box 1107  
Columbia, LA 71418-1107  
(318) 649-7364

**CAMERON**  
P. O. Box 1  
Cameron, LA 70631-0001  
(337) 775-5493

**CATAHOULA**  
P. O. Box 215  
Harrisonburg, LA 71340-0215  
(318) 744-5745

**CLAIBORNE**  
507 W. Main St., Ste. 1  
Homer, LA 71040-3914  
(318) 927-3332

**CONCORDIA**  
4001 Carter St., Ste. K  
Vidalia, LA 71373-3021  
(318) 336-7770

**DESO TO**  
105 Franklin St.  
Mansfield, LA 71052-2046  
(318) 872-1149

**E. BATON ROUGE**  
222 St. Louis St., Rm. 201  
Baton Rouge, LA 70802-5860  
(225) 389-3940

**E. CARROLL**  
P. O. Box 708  
Lake Providence, LA 71254-0708  
(318) 559-2015

**E. FELICIANA**  
P. O. Box 488  
Clinton, LA 70722-0488  
(225) 683-3105

**EVANGELINE**  
200 Court St., Ste. 102  
Ville Platte, LA 70586-4463  
(337) 363-5538

**FRANKLIN**  
Courthouse  
6560 Main St.  
Winnsboro, LA 71295-2750  
(318) 435-4489

**GRANT**  
Courthouse  
200 Main St.  
Colfax, LA 71417-1828  
(318) 627-9938

**IBERIA**  
300 S. Iberia St., Ste. 110  
New Iberia, LA 70560-4543  
(337) 369-4407

**IBERVILLE**  
P. O. Box 554  
Plaquemine, LA 70765-0554  
(225) 687-5201

**JACKSON**  
500 E. Court St., Rm. 102  
Jonesboro, LA 71251-3400  
(318) 259-2486

**JEFFERSON**  
P. O. Box 10494  
Jefferson, LA 70181-0494  
(504) 736-6191

**JEFFERSON DAVIS**  
302 N. Cutting Ave.  
Jennings, LA 70546-5361  
(337) 824-0834

**LAFAYETTE**  
1010 Lafayette St., Ste. 313  
Lafayette, LA 70501-6885  
(337) 291-7140

**LAFOURCHE**  
307 W. 4th St.  
Thibodaux, LA 70301-3105  
(985) 447-3256

**LASALLE**  
P. O. Box 2439  
Jena, LA 71342-2439  
(318) 992-2254

**LINCOLN**  
100 W. Texas Ave., Rm. 10  
Ruston, LA 71270-4463  
(318) 251-5110

**LIVINGSTON**  
P. O. Box 968  
Livingston, LA 70754-0968  
(225) 686-3054

**MADISON**  
100 N. Cedar St.  
Tallulah, LA 71282-3892  
(318) 574-2193

**MOREHOUSE**  
129 N. Franklin St.  
Bastrop, LA 71220-3815  
(318) 281-1434

**NATCHITOCHE S**  
P. O. Box 677  
Natchitoches, LA 71458-0677  
(225) 357-2211

**ORLEANS**  
1300 Perdido St., Rm. 1W23  
New Orleans, LA 70112-2127  
(504) 658-8300

**OUACHITA**  
1650 Desiard St., Ste. 125  
Monroe, LA 71201  
(318) 327-1436

**PLAQUEMINES**  
P. O. Box 989  
Port Sulphur, LA 70083-0989  
(504) 934-3620

**POINTE COUPEE**  
211 E. Main St., Fir. 2  
New Roads, LA 70760-3661  
(225) 638-5537

**RAPIDES**  
701 Murray St.  
Alexandria, LA 71301-8099  
(318) 473-6770

**RED RIVER**  
P. O. Box 432  
Coushatta, LA 71019-0432  
(318) 932-5027

**RICHLAND**  
P. O. Box 368  
Rayville, LA 71269-0368  
(318) 728-3582

**SABINE**  
400 Capitol St., Rm. 107  
Many, LA 71449-3099  
(318) 256-3697

**ST. BERNARD**  
8201 W. Judge Perez, Rm. 104  
Chalmette, LA 70043-1696  
(504) 278-4231

**ST. CHARLES**  
P. O. Box 315  
Hahnville, LA 70057-0315  
(985) 783-5120

**ST. HELENA**  
P. O. Box 543  
Greensburg, LA 70441-0543  
(225) 222-4440

**ST. JAMES**  
P. O. Box 179  
Convent, LA 70723-0179  
(225) 562-2330

**ST. JOHN**  
1801 W. Airline Hwy.  
LaPlace, LA 70068-3344  
(985) 652-9797

**ST. LANDRY**  
P. O. Box 818  
Opelousas, LA 70571-0818  
(337) 948-0572

**ST. MARTIN**  
415 Saint Martin St.  
St. Martinville, LA 70582-4549  
(337) 394-2204

**ST. MARY**  
500 Main St., Ste. 301  
Franklin, LA 70538-6144  
(337) 828-4100, ext. 360

**ST. TAMMANY**  
701 N. Columbia St.  
Covington, LA 70433-2709  
(985) 809-5500

**TANGIPAHOA**  
P. O. Box 895  
Amite, LA 70422-0895  
(985) 748-3215

**TENSAS**  
P. O. Box 183  
St. Joseph, LA 71366-0183  
(318) 766-3931

**TERREBONNE**  
8026 Main St., Ste. 101  
Houma, LA 70360  
(985) 873-6533

**UNION**  
P. O. Box 235  
Farmerville, LA 71241-0235  
(318) 368-8660

**VERMILION**  
100 N. State St., Ste.120  
Abbeville, LA 70510  
(337) 898-4324

**VERNON**  
P. O. Box 626  
Leesville, LA 71496-0626  
(337) 239-3690

**WASHINGTON**  
Courthouse Bldg.  
900 Washington St., #105  
Franklinton, LA 70438  
(985) 839-7850

**WEBSTER**  
P. O. Box 674  
Minden, LA 71058-0674  
(318) 377-9272

**W. BATON ROUGE**  
P. O. Box 31  
Port Allen, LA 70767-0031  
(225) 336-2421

**W. CARROLL**  
P. O. Box 71  
Oak Grove, LA 71263-0071  
(318) 428-2381

**W. FELICIANA**  
P. O. Box 2490  
St. Francisville, LA 70775-2490  
(225) 635-6161

**WINN**  
119 W. Main St., Rm. 105  
Winnfield, LA 71483-3238  
(318) 628-6133

**OFFICIAL USE ONLY**

**Address Change**

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**Name Change**

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**Party Change**

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**Remarks**

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Circle One: PA MV RG SDA SS(Disability)

Received by: \_\_\_\_\_

PLACE IN AN ENVELOPE AND MAIL TO YOUR  
REGISTRAR OF VOTERS